

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

VOL. XXVI.

WEDNESDAY, FEBRUARY 9, 1842.

No. 1.

A GLANCE AT MEDICINE IN PHILADELPHIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It has been working in my bones a full week to perpetrate on you another deluge of ink!! Poor fellow! Whenever any son of Æsculapius all over New England, or in this great Empire State, or away West, is seized with an unmanageable *cacoethes scribendi*, our good-natured and imperturbable friend, Dr. J. V. C. S., is obliged to be acquainted with the whole result, be it long or short, gay or sober, brilliant or dull, true or untrue; he holding the types and being, *de ipso facto*, accoucheur in general to the whole army of *enceintes* aforesaid.

Now, my dear Sir, permit me to say I have often pitied you when I have imagined you sitting surrounded by piles of illegible manuscripts pressing for insertion, in grave and solemn counsel with yourself whether to "print" the dull thing in hand and thus encourage "nascent" genius, let the doctor's ideas "shoot" and fill up two or three pages of the never-to-be-postponed weekly; while, at the same time, you run the risk of letting down the character of our New-England Medical and Surgical Hebdomadal, of endorsing yourself a numbskull and a dolt, and, finally, of having some dozen of your more astute readers turn up their noses in a paroxysm of hypercriticism, and loading your goodly-sized, fair-faced, handsome missal with the taunting epithets of "insipid," "flat," "intolerable," "wishy-washy," "jejune," and so on, and so on.

Don't conclude I have left out of the account the possibility of your losing a subscriber if you refuse to print it. Not at all. But, be not offended if I say that if any of your contributors, after the unvarying and stereotyped indulgence and courtesy you have many years manifested in meeting the perplexities of conducting the only medical journal that has existed in the Northern States, should abandon you for not giving him insertion, he must have either an empty head or a perverse heart.

I know there are some who would have you prune much more closely than you do. But, let us look at this a moment. Suppose some half dozen reviewers in England, or some of our own countrymen who already stand high in the temple of science, should really feel and say that some of your contributors are too "rudimental" and should be excluded. Do they justly appreciate the wants of *your* subscribers? are they, indeed, the proper judges? There are some few, for whom you cut and carve, who still walk the hospitals, have not laid aside the dissecting knife, have combined autopsies with the earnest perusal of the latest and most costly

publications, are fully acquainted with the modern wonders of surgery, auscultation, pathology and therapeutics; nay, are in the daily practice of instituting prescriptions and operations that would secure the warm approbation and applause of the mass of practitioners. I know of such men; and have had the high pleasure of recently mingling with a number of them, of whose daily walk and doings the above portrait is not one whit overdrawn.

But how small is the proportion of these elevated characters to the whole company of intelligent practitioners that constitute the readers of your Journal. In the nature of things they must be limited to fields of dense population. While they feel grateful for the Providence which has thrown into their hands such rare advantages and capabilities, they doubtless feel an interest in the primitive efforts of their brethren, and perceive in them proofs of genius and skill that may be quite useful to the profession. For myself, I have often felt, when slitting open the pages of your weekly *Octavo*, peculiar interest in some new signature. I read his place and date: and when I have reflected a moment, what kind of hills and valleys, rocks, sands, snowbanks, whirlwinds and mud-pools he encounters in his daily gyrations, I immediately set myself to deciding whether this new contributor is a genius and is destined to do honor to our fraternity. I do not ask him to write as if he spent five hours a day at the elbow of Dupuytren. I only wish to know with what eyes he has walked through some field of observation that his older brethren have explored scores of times. What new observations has he to report? What discoveries has he made? At any rate one good thing has been done: this young brother has seen himself in type. He is now incomparably more likely to observe methodically, industriously and profitably than before. The channel of publication being now open, not only ambition but even benevolence may stimulate him more laboriously to scrutinize the paths and means of medical improvement.

Before I conclude this unprovoked interference with your concerns, Mr. Editor, let me explicitly deny all intention to endorse or fellowship dulness. How much soever I may indict on you myself, it is due to yourself and your readers that you should not spare us in rigidly excluding it from your pages. Let not imbecility be stamped upon one page of our northern Journal.

But, heigh-ho! here I am, scribbling on, having almost forgotten that I sat down to write about Philadelphia. Well, Sir, I make no apology. I give you and my kind readers full notice—rather late, though—that I am going to let my pen run on, wild, immethodical, without plan, and according to the impulse of the moment: and if any body is turning over your leaves in a mood of deep and studious abstraction, the horse in the stable, the tea over, the slippers on, the study warm and light, the children dismissed, the accounts duly charged, with the fond, but, alas! often delusive hope that the door-bell will not vibrate till 7 A. M.—I warn him to pass on, to take up something solid, substantial, and that will give employment to his brain while in full vigor; and when languor or sleepiness comes over him, he may perchance find suitable employment for his faculties in the corner of the little *octavo* appropriated to myself.

Another thing, my dear Sir. I often hear apologies about *egotism* and the frequent use of the little monosyllable *I*. Now, Sir, I claim the right and the indulgence to use that little word as often as convenient, and without apology. For I am writing my own notions: and if I were to grow modest and blushing to see so large a number of *I*s, and introduce circumlocutions and paraphrases, and say "the writer thinks this," and "*he* saw such and such," and "*he* thinks so and so"—why, Sir, it would, in my opinion, add greatly to the dulness of the whole concern, and after all be a matter of inconvenient affectation, and I therefore hereby eschew all claims to modesty, and set myself down as a most thorough and incorrigible *egotist*.

There are three reasons, my dear Sir, why I wish to talk about medical matters in Philadelphia. The *first* has already been mentioned, namely, that I am laboring under an urgent cacoethes for ink-shedding. The *second* is that I have nothing else to do. This, it must be acknowledged, is a very impudent reason. But what would you have a man do? My summer's business by these fountains of Saratoga is a short, though rather laborious, affair. Then comes the excursion for my own health, in some city for three or four weeks, often expedited by the kind invitations of invalid acquaintances and friends formed at Saratoga. These introduce me to their own family physicians, and these to *their* medical friends: and thus, in a most agreeable way, I make the acquaintance of those who are frequently consigning me patients at the Springs. An excursion of similar length to the city or country may be needed in the spring—nay, has invariably been taken. This leaves the winter for medical studies, without the power, if ruined health did not forbid, of doing any sort of justice to common routine practice in the village, which must be broken during nearly six months each year by an exclusive attention to people from abroad and to the above described excursions. But enough of this, my second reason. Before going to a third, however, let me say, that I do not deem it visionary to predict that in the course of a few years, when physicians in Boston, Providence, Portland, Worcester, nay, Buffalo, New York and Philadelphia, have made the discovery that any day in the winter they may place their invalids in a well-warmed rail-road car, with private apartments, settees, water-closets, &c., and come to Saratoga, literally in a public parlor, with scarcely any exposure, and here in comfortable apartments follow their potations, we shall have a very respectable collection of water-drinkers during the winter. It is very true that there is an increasing amount of water sent in bottles every year to our cities. But there are many sick ones in the country who know the difference between drinking the waters, *ad libitum*, fresh from the fountains, and taking them in stinted measure at home. The proposal of a winter's ride to Saratoga will probably appear very *refrigerant* to the reader. But our community are not at all sensible of the comforts of a winter excursion in a well-warmed rail-road car, and there are many men whose complaints have long made them desire a prolonged residence at the Springs, but whose pressing summer business has prevented.

My *third* reason is founded on the belief that a brief report of the

present condition of the medical institutions and medical men of Philadelphia, would be acceptable to many of your readers, as the *coherent* and ever-existing professional engagements they are under almost absolutely exclude them from visiting our medical schools in person.

Permit me to add *one more* reason, and that is a sense of deep obligation I feel for the professional kindness, liberality and attention bestowed on a stranger by the excellent physicians of that city. I do not suppose that my case was peculiar. These men must be in the practice of giving the hearty welcome to those who come in quest of science. Although there are three rival schools, side by side, fully officered and equipped, provided with the necessary building and apparatus, the chairs are all filled by apparently harmonious professors and with crowds of students, flocking in in such numbers as to afford a high pecuniary stimulus to these professors; yet, on the top of all this stringent stimulation, I do aver that in a great majority of their introductory—and I heard all but one—there was manifest a noble superiority to the low arts of finesse and trickery. That each man was laboring for the success of his own school, I will not abuse him in doubting. But it was the struggle of honorable men by honorable means. It was recommending themselves and their compeers by the skilful exhibition of their own accumulated stores of science. But besides these associated laborers, I am sure the medical men of Philadelphia in general possess a high-minded zeal for the honor of the profession not only in their city, famed for its medical and surgical excellence, but through the country. A very general solicitude was expressed for fear that medicine, in a neighboring city, was descending from its high and honorable standing to the arena of non-professional manœuvering—from a science to a trade—from high-minded liberality to plebeian intrigue: and, although I studiously declined expressing a decided opinion, having personal friends in the new school, New York, and expecting to observe more closely on my return home—I testify most strongly that the general anxiety in Philadelphia could not have arisen solely from a spirit of rivalry. If so, why were not their fears exerted in favor of each other's favorite school in their own city? At home there was real rivalry, competition most sensible. Whether the alleged innovations in the University School, New York, shall ultimately elevate or depress our science before the non-professional world, is a problem not yet solved: but of this I am quite sure, that the general perturbation of the medical faculty in Philadelphia was caused by a high determination to sustain the science and practice of medicine above the arts and chicanery of the vulgar. It was an honest jealousy of their brethren of the new faculty in New York; and would never have existed had these brethren confined their reports and exhibitions to the members of our own profession. But I must not say more of this now. Should you afford me a place in one or two of your next Nos., I may possibly resume this matter, and should I remark anything of individuals I design it shall not be matter of private history, but what belongs to their character as public men, and just such as should be written were they inspecting my scrawl as it runs from my pen.

M. L. NORTH.

*Saratoga, Jan. 15, 1842.*



# REMOVAL OF THE OS MAXILLARE SUPERIUS FOR A CEPHALOMATOUS DISEASE.

BY JOHN C. WARREN, M.D.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a late No. of your Journal, I noticed some account of an operation for the removal of the upper maxillary bone, which had been recently performed. As that statement was not made with my knowledge, I feel it to be necessary to give a more precise and full account of this operation, for the information of such as may be called on to perform a similar one. This I can at present do with the more satisfaction, as the patient has now quite recovered from the operation, and is, I hope, permanently relieved of his disease.

The patient, Mr. I. G., is 35 years old, well constituted, and in every particular strong and healthful, with the exception of the disease which called for this operation. About nine months since he began to be affected with frequent and considerable bleedings from the nose. These bleedings occurred about once a week, and were sometimes profuse. During the occurrence of one of these attacks he was led to pass his finger deep into the left nostril, and discovered there a tumor about the size of a pea, in the outer side or wall of the cavity.

The bleedings continued, and the tumor grew till it made a visible appearance in the aperture of the left nostril. Alarmed at this, he consulted Dr. Winslow Lewis, who suspecting a formidable disease, advised him to apply at the Massachusetts General Hospital for advice and assistance. He was there examined by Dr. Hayward and myself, and presented the following appearances. The left nostril was filled by a tumor of a deep red color and soft consistence, discharging blood freely on being subjected to a slight touch. A probe could be introduced into the cavity on the inner side of the tumor along the septum of the nose; but on the outer wall was soon arrested in its progress by the tumor, which appeared to be connected with this part, and bled so copiously as to prevent a continuance of the examination in this direction. The external appearance of the face being examined, the nose was seen to be tumefied on the left side by the protrusion of the nasal process of the upper jaw, and also by that part of the bone forming the exterior wall of the nasal cavity. On opening the mouth, the hard palate was seen to be the seat of a tumor of an elastic character, oval form, and size sufficient to occupy a considerable portion of this cavity, obviously produced by the pressure of a substance in the nostril above. The mucous membrane of the mouth was not altered in color or consistence.

On passing the finger through the mouth into the posterior opening of the nostril, this aperture was found to be filled by a soft elastic tumor, similar to that which occupied the anterior aperture. The septum of the nose was slightly inclined into the right nostril.

Such were the history and appearances of this tumor. Its vivid red color, soft consistence, disposition to bleed, rapid growth, and consequent breaking down of the bones which surrounded it, satisfied me that it was a cephaloma, a malignant fungus, which would destroy the patient's life in

a short time unless extirpated; and I therefore advised him to enter the Hospital and have it removed. The patient agreed to this course, and went home to make his arrangements.

In nine days after, he entered. When I came to examine the tumor again, I found that during this short period it had enlarged considerably; and especially that it had extended to the right side of the palate so far as to leave a small space only between it and the teeth of that side. I was now seriously apprehensive that no operation could wholly eradicate the tumor, and felt much doubt whether it would be expedient to attempt one, in itself always severe, and which in this case would be attended with dangerous bleeding. After weighing the arguments on both sides for three or four days, I came to an affirmative conclusion, provided other gentlemen were of the same opinion. On the Saturday following, the 4th of December, a consultation was held, consisting of Drs. Hayward, Townsend and Holmes, and these gentlemen being satisfied that as there was no other ground of hope for the patient, and that he must die in a most distressing manner, the operation was decided on, and immediately after executed.

The principal difficulties I anticipated in this operation were the following:—1. Profuse bleeding, which the character of the tumor, the tendency of blood to the head produced by it, and the fulness of the patient's habit, seemed to promise. 2. Impracticability of dividing the bones without sawing, as the patient was of an aspect which indicated unusual solidity of the osseous texture. 3. Fatal syncope, from the quantity of blood lost and the pain of the operation.

To obviate these dangers I proposed—1. Compression of the carotid arteries, tying of the wounded vessels when they bled freely, and the use of the actual cautery. 2. Division of the bones by the cutting forceps, which I had caused to be made and used for the last twenty years. 3. Waiting occasionally to give the patient time to recover; and recruiting him with cordials.

Everything being arranged, the patient was placed in a chair, his head well supported, and the operation was then begun in presence of the medical class and a considerable number of medical gentlemen of the city.

I made an incision from the middle of the external edge of the left orbit to the left angle of the mouth, down to the bone. A most copious gush of blood succeeded. The internal flap was then quickly dissected up to the middle of the nose, cutting up at the same time the cartilage of the left wing of the nose, and freeing the globe of the eye from the inferior part of the socket by the division of the inferior oblique muscle, the fascia of the eye and the periosteum. The outer flap was then rapidly dissected from the *os malæ* and *os maxillæ*, and around the latter bone as far as its union with the pterygoid process of the sphenoid; but the uniting space was not at this time penetrated on account of the large pterygoid branch of the internal maxillary, which would have been difficult to secure in this stage of the operation.

The two flaps being separated, the anterior extremity of the sphenomaxillary fissure was perforated, and I then proceeded to the division of

the bones. The *os malæ* was attached directly opposite to the perforation in the speno-maxillary fissure. The cutting forceps were then applied to the broadest part of the malar bone, and divided it smoothly in a few seconds. Second, the same instrument was applied at the internal angle of the eye, in an oblique direction from the lower edge of the orbit to the lower termination of the *os nasi*. Here the projection of the tumor into the orbit occasioned some difficulty, from the little space left for its introduction into the orbit; but the instrument being fixed, the bone was divided without difficulty.

In the mean time the blood continued to flow in torrents. One considerable artery required immediate ligature; and the bleeding of the others was controlled by compression of the carotid artery. The mouth of the patient filling with blood, frequent pauses were required to afford him an opportunity of ejecting it, and occasionally he was recruited by a little wine.

The most difficult part of the operation remained; that of dividing the sound from the unsound parts within the mouth, and separating the maxillary from the sphenoid and palatine bones without injury to the latter; so as to leave the patient the whole of the soft palate, with the palatine plate of the *os palati* to support it. In order to accomplish this without dissection, I made an incision through the mucous membrane of the hard palate, beginning at the edge of the palatine plate of the *os palati*, and extending the incision forwards to the external edge of the jaw, then upwards across the alveoli into the bone. To facilitate this incision, the middle incisor tooth of the left side was taken out in such a way as to break the anterior part of the alveolus. Then by a single stroke of the cutting forceps the upper maxillary bone was divided, and its palatine plate cut through as far as its junction with the *os palati*. In order to separate the palatine plates of the maxillary and palatine bones, I hoped to be able to clear the mouth of blood for a moment to make a transverse cut between these plates. But to see was impossible, from the flow of blood. Therefore passing the forefinger of the left hand into the mouth, I felt the last molar tooth, and turning the pulp of the finger forwards to receive and support the instrument, I struck a strong-pointed knife through the hard palate at the union of the maxillary and palate bones, separated these bones, and was able also to separate the maxillary bone from the pterygoid process of the sphenoid; and thus accomplished the disunion of all the bones concerned. Finally, the knife was passed externally behind the upper maxillary bone into the space between this and the pterygoid process, to divide the second branch of the fifth pair of nerves. This was done by a stroke of the instrument, and the patient made a great cry, evincing that this nerve had been reached.

Seizing the bone with the left hand by its orbital and alveolar portions, it was by a gradual movement started from its situation, and aided by a few touches of the knife, its remaining periosteal attachments were divided, and the whole bone and tumor dislodged from the face.

The patient having lost much blood, had now become faint, and was

therefore placed on a table. The portion of swelled mucous membrane on the right side of the palate was cut off with ease, and it now only remained to arrest the hemorrhage. A ligature was applied to superior ethmoidal branch, or continuation of the maxillary artery. This was not easily done, for it was impossible to discover the orifice of the wounded vessel. It was therefore touched with caustic potass, and lint applied to it. The hemorrhage from a second artery also required to be arrested. As the bleeding might recur, the wound was not immediately brought together, but was covered with a cold-water compress, and the patient left in the operating theatre. He was able to swallow and speak, notwithstanding his exhaustion and the length of the operation.

The time expended during the operation I do not know, having always considered it the part of folly to measure an operation by time, rather than the exigencies of the case. I was informed, afterwards, it was over forty minutes, and not an hour as stated by your correspondent. The principal part of this time was expended in waiting for the patient to relieve his mouth and throat of blood, which appeared to embarrass him more than I had expected. But the time employed in the incisions, both of the soft and hard parts, was short, and certainly could not have exceeded ten minutes.

In three hours after the operation, no bleeding having occurred, the wound was dressed by passing five sutures and applying a cloth of four thicknesses wet in cold water, to be moistened from time to time; and then he was carried to his bed. He passed the night rather uneasily; but the next day he was more quiet. The pulse, for four or five days after the operation, varied from 80 to 112; at the end of six days it was 72. The third day, the wound being wholly united, the stitches were withdrawn by Mr. Hayward, the house-surgeon, at my request. In two or three days the patient was able to take softened bread, and in three weeks from the operation went home to pass Christmas with his family—in two days after which he was discharged. At the present time, eight weeks after the operation, he is at home—takes food freely and speaks intelligibly. The left eye, at first much swelled, is in a natural state, and he uses it without uneasiness. On the left side of the palate there is an aperture of a triangular form. Through this the *os ethmoides* may be felt, the projections of which were mistaken by the patient for a return of his disease. The food occasionally passes through this aperture into the nostrils, and embarrasses the patient momentarily. The soft palate is entire. There is a slight paralysis of the left side of the upper lip, from the division of the facial nerve; and a want of sensibility in the left side of the nose and the left upper lip, from the division of the second branch of the fifth pair of nerves.

*Description of the Tumor.*—The tumor, after its removal, exhibited the following appearances. At its summit appeared the lower floor of the orbit of the eye, at the inside of which was a portion of the nasal process of the *os maxillare superius*. On its outer part projected one half of the *os malæ*; below appeared the left half of the palate, with the exception of the part which belongs to the palatine plate of the *os palati*. A portion of the fossa canina, and the whole alveolar mar-

gin, with the correspondent teeth, were visible. On the inner wall of the mass appeared three considerable red colored lobes, attached to the outer and inferior part of the maxillary cavity, by something like a pedicle about an inch in diameter—the three lobes being connected at their attachment, but separated at their internal or nasal extremity into an anterior, middle and posterior lobe. The superior maxillary nerve was seen in and behind the orbit. The whole was covered by membranes which separated it from the parts in contact. One lobe had made its way through the bone of the face; the others through the partition between the nostril and antrum.

Examined by a glass magnifying from twenty to thirty times, the substance of the tumor was found to be composed of semi-transparent globules, which became opaque in alcohol. These were connected by a fibro-cellular substance, which appeared to form a larger part of the tumor than the globules themselves. The texture was in consistence somewhat spongy and elastic, and was very vascular; differing in these points from a tumor of the upper jaw, for which I removed that bone two years since—in which the globules were red and fleshy, though very small, and the interstitial substance was of a firm, scirrhomatous character, and not highly vascular.

*Remarks.*—The minute account I have been led to give of this operation, may appear tedious and unnecessary. I have been induced to these details from the difficulty I have experienced in this as well as other operations, from the defect of minuteness in their descriptions. Those who are called on to their performance alone feel that no fact relating to them is superfluous; while others, who consult such descriptions from curiosity only, complain with justice of long descriptions. Besides the general reasons in favor of minuteness, there is one which is particularly applicable to this case. The organs affected were but slightly masked by disease; so that nearly the whole operation could be done with precision by anatomical rules.

The most important consideration in regard to this case, is the question whether an operation should have been done? That the patient would have lost his life from the disease if allowed to pursue its course, there is no doubt. In my practice I have seen a considerable number of cases of bleeding fungus of the antrum and nostrils, which have gone on to a fatal and painful termination, notwithstanding remedies, internal and external; and removal of the tumor from its bony cavity, followed by a careful cauterization of its parietes. In order to judge of the propriety of operating in such cases, we must distinguish from each other the different tumors which begin in the maxillary cavity and extend into the nostrils, and raise the bony parietes of the face, orbit and palate. I have seen four different species of such tumor. First, the osteo-sarcoma of the upper maxillary bone; second, the fibrous tumor; third, scirrhoma; and fourth, cephaloma.

The first, osteo-sarcoma, is the most formidable in appearance, and attains the greatest size. Its growth is rapid and luxuriant; it breaks down the surrounding bones, and produces enormous deformity. This affection, terrible as it is in appearance, is tractable by operation, and its care-



ful removal is generally followed by a successful result. The second, fibrous tumor, is of slower growth, and more limited in its ravages. This may be removed with a reasonable certainty of its not returning. Third, scirrhus. This form of tumor of the antrum is characterized by its hardness, the pains which attend it, its moderate growth and certain fatality. Fourth, the cephalomatous tumor is rapid in its growth, and of a spongy texture, produces excessive bleedings, and terminates by death unless removed at an early stage.

The disease in this case was of the fourth species. It follows, from what has been before stated, that, in our opinion, such a tumor must be removed at an early period, and when in a circumscribed condition. The tumor, in this case, presented these conditions when we first saw it. Afterwards, its rapid increase led to doubts as to the final success of the operation. Still it was limited in its adhesions to the interior of the maxillary cavity; and the slight enlargement of the palate seemed to be rather an effect of its pressure than of its contaminating quality; and as the whole disease was removed, there is certainly ground for the hope that the patient may escape a recurrence. At least there is so to those who do not entertain the idea that all malignant tumors—that is, all the tumors which tend to involve every contiguous texture in their growth—are necessarily and early the products of a contaminated circulating fluid. Those pathologists who are of this latter opinion must of course believe that every operation for the removal of malignant tumors is utterly unavailing. But although it is true that a great number of these are followed by signs of a general vitiation of the blood, my experience of a happy termination of a great number of such diseases will not allow me to fall into this general and sweeping conclusion. It is true that in the present state of science, we have no means of determining in their earlier periods what diseases are malignant. While this uncertainty continues, we must take advantage of it, and believe that when, with similar appearances, some tumors are happily eradicated and others become constitutional, we have grounds for the hope that we may sometimes succeed in the extirpation of local affections which, if allowed to go their course, would become constitutional.

The perfectly healthy condition of the patient in this case precludes, in our view, the opinion that a vitiated state of the blood produced the local disease; and the limitation of this disease to a pediculated attachment certainly, in my mind, excites the hope that he may escape the fatal result which, without the extirpation, would have inevitably followed. The possibility of a recurrence of the disease would have prevented my making public this description until the final result had been tested by time, had not a partial statement appeared, which seemed to me to call for the details I have here furnished.

At this time, three months subsequent to the operation, he seems to be quite well, and has resumed his former occupation. The edge of the wound and the projection of the os ethmoides above it, appear sound; and probably will soon with safety permit insertion of a substance to cut off the communication between the mouth and nostril.

*Note.*—Having alluded to a case in which I did this operation some time since, I will here give a short account of that case. In June, 1839,

Captain —, formerly master of a ship, aged about 60, came to me with a tumor on the right side of the nose. On regarding it, I could hardly perceive any inequality; but on passing my finger over the part, I discovered a rising on it, and examining the jaw found that a number of the teeth had fallen. The patient was affected with severe pains, which were increasing. I judged it to be a scirrhus of the antrum, and advised its immediate extirpation. The patient did not, however, make up his mind to an operation, till the following September. He then sent for me to come into the country, about forty miles, for this purpose. On visiting him I was painfully struck with the rapid progress of the tumor. The whole of the right side of the face was disorganized and horribly deformed. Although I had come some distance for the purpose of doing the operation, it is doubtful whether I should have proceeded with it had not the patient been impelled by the intensity of pain to call for it. I removed the tumor. The wound united. In a week he was well enough to use the eye of the affected side with a spy-glass. But soon after, the disease recurred, and he died two or three months subsequent to the operation.

This disease was distinguished by its hardness, pain and absence of hemorrhage, from that which has been here recorded.

---

---

## BOSTON MEDICAL AND SURGICAL JOURNAL.

---

---

BOSTON, FEBRUARY 9, 1842.

---

---

### SPECIAL PATHOLOGY AND THERAPEUTICS.

SOME men have not time to be idle. This must be the condition of that miracle of industry, the author of two noble-looking volumes, just published by Messrs. Lea & Blanchard, of Philadelphia. They have sent out so many good and almost indispensable books of late, that it is beginning to excite no little surprise, how it happens that they monopolize such a collection of the very best writers in all the departments of medicine.

The two volumes to which these observations refer, are called, on the title-page—*"The Practice of Medicine; or, a Treatise on Special Pathology and Therapeutics."* By Robley Dunglison, M.D., Professor, &c." They contain 1322 pages, large-sized octavo, are well printed, and well bound, too; and dedicated, with much propriety, to those who have attended his lectures in the course of the last sixteen years. Having premised that improvements and modifications are incessantly taking place in the two departments upon which the author has in this instance concentrated the force of an active, well-trained mind, we cannot better express his intentions than by transcribing the language of the preface. "During a long service as a medical student in the north of England, in Edinburgh, London, and in Paris; during a practice of six years in London; of eight years whilst he was professor in the University of Virginia; of three years as professor in the University of Maryland; and of up-

wards of five years as professor in the Jefferson Medical College of Philadelphia, he has carefully noted the modifications that appeared to be produced by climate and locality. Moreover, his services for three years as physician to the Baltimore Infirmary; and for a longer period as physician to the Philadelphia Hospital, one of the largest charities in the country, has enabled him to appreciate the differences presented by the same malady, according as it may fall under the care of the private practitioner or the medical officer of an eleemosynary institution; and to pronounce, as the result of such observations, that the great principles of pathology and therapeutics are the same everywhere, and that one, who has been well grounded in those principles, can exercise his profession with as much satisfaction to himself, and advantage to the sick, in the scorching presidencies of British India, as in the more temperate regions of our own country."

Book 1st has the following arrangement. Diseases of the alimentary canal—embracing, 1st, diseases of the mouth, tongue, teeth, gums, velum palati and uvula—in separate sections; 2d, diseases of the pharynx and œsophagus, stomach, intestines, peritoneum—morbid productions, &c. Book 2d, diseases of the respiratory organs, &c., minutely considered; 3d, embraces diseases of the circulatory apparatus; 4th, diseases of the glandiform ganglions, &c. &c.; 5th, diseases of the glandular organs; 6th, diseases of the nervous system; 7th, diseases of the organs of sense; 8th, diseases of the organs of reproduction; and the 9th and last book treats of diseases involving various organs.

We have endeavored to convey a general idea of the scheme of this important work, that physicians may have some data to go upon in deciding upon its character. Dr. Dunglison appears to have collected every essential fact within the compass of an extensive field of observation, and has so arranged the whole mass of materials, that there is not even an opportunity for finding fault.

At present, copies may be had at Mr. Ticknor's, Washington street.

---

*Principles and Practice of Obstetric Medicine and Surgery.*—Since writing a former paragraphic notice of the re-publication of Mr. Ramsbotham's great work, we have given the book a more thorough examination. It is certainly a very complete production, for no point, even remotely related to the subject of obstetric medicine, seems to be omitted. The author anticipates the reader in a multitude of ideas, which he might almost consider exclusively the results of his own personal observation, and unknown to others. This shows with what minuteness the domain of obstetrics has been surveyed by this accurate writer.

This is the first American edition—purporting to have been revised; by whom or when, is not stated. No one can be deceived in regard to the intrinsic value of the plates—one hundred and forty-two in number. Although lithographic, they are as delicately and accurately executed as copper-plate engravings—many of them strikingly resembling some of the best in the last foreign edition of Smillie's *System of Midwifery*. That work, now but little thought of, was always especially prized on account of the truth and beauty of execution of its plates.

Dr. Ramsbotham's treatise may be found on sale at Saxon & Peirce's, and at Ticknor's, Washington street.

*Therapeutic Arrangement of the Materia Medica.*—Dr. Martyn Paine, author of the *Commentaries, Letters on the Cholera Asphyxia of New York*, Professor of the Institutes of Medicine, &c., in the University of New York, has sent forth a new essay, entitled—“*The Materia Medica, arranged upon Physiological Principles, and in the order of the general practical value which remedial agents hold under their several denominations,*” &c. It has been written within the last two months, and yet it has the general appearance of having been the careful labor of a year. Dr. Paine is a prolific writer—a paragon of industry. We are astonished at the results of his indefatigable literary perseverance. The preface is as keen as a scalpel. When a brave man is driven to the wall, there is but one course left, and that is, to resist with all his might. The house is the owner's castle, and Dr. Paine defends his like a veteran hero.—We must read the whole book before remarking further.

---

*Penitentiary Practice.*—From the last Annual Report of the Directors of the Ohio Penitentiary, at Columbus, we collect the following statistics of disease in the Prison for one year—being an abstract of the report of the physician, James Irons, M.D. There were from December 1st, 1840, to June 16th, 1841, 225 cases requiring medical aid. Of these, 37 occurred in December; 38 in January; 17 in February; 29 in March; 31 in April; 26 in May; and 8 only in June. In consequence of this there were 2892 days lost to the Commonwealth in the labor of the prisoners. Only four deaths took place. The nomenclature of diseases which were met with is a little queer, but, after all, not a fraction more unscientific than may be found half the world over. It looks somewhat out of joint to notice, in an official report, one patient chronicled on the sick list, with *sore back*. A horse may have a sore back, too—but the question would be with the critical practitioner, what caused it?

---

*British Foreign Medical Service.*—In her Majesty's service in Bengal, there is 1 inspector-general of hospitals, 16 surgeons, 24 assistant surgeons, and 2 veterinary surgeons. In the East India Company's service, on the same station, 162 surgeons, 230 assistant surgeons, 15 supernumeraries, 19 veterinary surgeons, 36 apothecaries, 4 supernumeraries, 42 assistant apothecaries, 26 stewards, and 10 assist. stewards. At the Madras medical establishment, in the Queen's service, 1 deputy inspector-general of hospitals, 8 surgeons, 15 assistant surgeons, and 1 veterinary surgeon. In the Company's service—there are 74 surgeons, 168 assistant do., 12 veterinary do., 40 apothecaries and 19 assist. do. On the Bombay medical station, in the Queen's service, there is 1 deputy inspector-general of hospitals, and 1 assistant, 5 surgeons, 10 assist. do., and 1 veterinary surgeon. The Company employ on the same station, 55 surgeons, 109 assistant surgeons, 4 acting assistant surgeons, 1 sub-assistant surgeon, 7 veterinary surgeons, 19 apothecaries, 2 acting do., 2 sub do., 8 stewards, 3 acting do., 31 assistant apothecaries and stewards, and 25 assistant acting do.—giving a grand total in 1841, of 276 surgeons, 570 assistant surgeons, 50 veterinary do., 120 apothecaries, 25 assistant do.—besides 57 stewards and their 25 assistants—in all, 1123 persons.

With these statistics of one portion of the British empire, which requires such a multitude of medical men, we may understand in what man-

ner the thousands of students educated at the London schools of medicine and surgery, together with those of Edinburgh and Dublin, find employment. The colonial possessions of England in all other portions of the globe, in connection with the requirements of the navy, make an annual demand for a vast number of young surgeons, who are generally well supported. In the East India service, at a particular age they can retire upon an annuity, the fund from which it is drawn being a voluntary tax, contributed at regular periods, commencing with their entrance into the service.

---

*Statistics of Mortality by Consumption.*—By the last annual report from the health office of Boston, we learn that 1919 individuals have died the past year, that 256 of the deaths were from consumption, and that 229 were from other diseases of the respiratory organs. Computing the present number of inhabitants at 85,000, then 5.7 in 1000 living, die annually from diseases of the respiratory organs, and 3.3 in 1000 living, die of consumption, giving Boston a decided advantage over England in this respect. In the *Medico-Chirurgical Review* for 1841, we have a review of the Annual Report of the *Registrar-General*, of births, marriages and deaths in England, for a year or two previous—and it appears that in every 1000 living, 6 die annually in England from diseases of the respiratory organs; and 4 in every 1000 living, die of consumption. 18 per cent., or 16 per cent. of the deaths of males and 19.2 of females, is caused by consumption. 31,090 English women die in one year of the incurable malady. Consumption, there, destroys the greatest number in spring, but the excess of deaths may have been the result of the previous winter's cold. Males suffer more from the disease in winter, than females. T.

---

*Geneva College.*—As usual, the medical department of this well-governed Institution, stands high in public estimation. *One hundred and fifty-six students*, forty-eight physicians, and seven classical students, attended the last course of lectures. One hundred and nine degrees of doctor in medicine have been conferred since the organization of the school in 1834.

---

*Pain in the Tibia removed by Incision.* By JOHN JONES.—The interesting case of severe pain in the tibia relieved by incision, narrated by Mr. Freeman, in your last No., induces me to bear testimony to the success of his plan of treatment in an exact similar case that occurred in my own practice sixteen or seventeen years since.

A strong, hale farmer, about 50 years of age, living on the borders of the forest of Exmoor, was attacked with the most severe and excruciating pain in the lower part of the tibia. He sought relief from the nearest medical man in the neighborhood, who bled him topically and generally, applied blisters, rubefacients, fomentations, &c. &c., but all without the least alleviation of pain. When I first saw him, the disease had existed above a fortnight, and the sufferer was evidently sinking from excessive pain. There were no appearances of inflammation, nor had any previously been discoverable; indeed, the limb had a perfectly normal appearance. I immediately made three free incisions, so as to divide the periosteum, in a line with the tendon of the tibialis anticus. A common poultice was applied, and entire cessation of pain was experienced in the



course of a few hours. The patient got rapidly well, and is, I believe, still living in perfect health.—*London Lancet.*

**Mr. Braid's New Operation for Club-foot.**—In the course of my practice I discovered a variety of talipes, not arising from preternatural contraction, but from paralysis of certain classes of muscles. It occurred to me that excision of a portion of the elongated tendons in this affection would supply an efficient means of cure. The following case furnished the first opportunity for the trial of the experiment:—A patient, 6 years old, had been given up as the subject of hopeless paralysis. The left leg was perfectly powerless, dangling by the side of her crutch, without reaching the ground, much colder than natural, the foot assuming a slight degree of varus, so that when placed on the ground it rested on its outer edge, the heel slightly elevated, and the toes turned a little inwards. I excised three sixteenths of an inch of the peronæus tertius, and dressed and bandaged the limb, so as to maintain the divided ends in contact. In a week she could walk across the floor with the assistance of a hand, and on the tenth day she walked across my surgery floor and back again without any assistance. In twenty days she put on a boot, and in another week walked without her crutch, which she has done ever since.

Mr. Braid relates seven other similar cases which proved successful.—*Ibid., from Edinburgh Journal.*

Number of deaths in Boston for the week ending Feb. 5, 62.—Males, 30; Females, 32. Stillborn, 3. Consumption, 5—Inflammation of the lungs, 2—scarlet fever, 11—Inflammation of the brain, 1—lung fever, 10—disease of the heart, 1—dropsy, 3—canker in the bowels, 1—erysipelas, 1—Influenza, 1—bronchitis, 1—sudden, 1—old age, 3—hepatitis, 1—scrofula, 1—liver complaint, 1—child-bed, 1—disease of head, 1—fever sore, 1—congestion of the lungs, 1—purpura hemorrhagica, 1—teething, 1—infantile, 2—dropsy in the head, 1—croup, 1—burn, 1—tumor in the bowels, 1—intemperance, 1—debility, 1—canker rash, 1—fits, 1—dropsy on the brain, 1—unknown, 1.

#### DR. M'MUNN'S CELEBRATED ELIXIR OF OPIUM

Is a new chemical preparation of opium, embracing all the medicinal qualities in a natural state of combination, to the exclusion of those which are deleterious and useless. It is superior to every other form of opiate, such as Laudanum, Paregoric, Morphine, De-narcotized Laudanum, &c. &c., as has been fully proved and now fully acknowledged by the most eminent Physicians, Surgeons and Chemists, and a single trial will convince the most incredulous of its own intrinsic value. Its use is not followed by any of the disagreeable effects which invariably attend the ordinary preparations of opium, such as Constipation, Headache, Tremors, Nausea, and Vomiting; but it may be taken in sufficient doses to allay all suffering with perfect safety and entire success. All who, from necessity or other causes, are obliged to use an opiate, will find in the Elixir a most gratifying substitute, as it invigorates all the powers of nature, without being followed by a corresponding state of depression. Dr. A. W. Ives, A. M., of New York city, used nearly a hundred ounces himself during a very painful and protracted illness, after every thing else had failed to give relief. "His life was prolonged months by its peculiar virtues."

Particular attention is requested to the following testimonials from distinguished physicians.

Having witnessed the effects of Dr. J. B. M'Munn's Elixir of Opium, we are of opinion that it is a valuable preparation, and recommend it to the patronage of the profession.

F. U. JOHNSTON, M.D., President of the Medical Society of New York, and Physician to the City and Marine Hospital.

JOHN W. FRANCIS, M.D., late Professor of Midwifery in the College of Physicians and Surgeons, N. Y.

JOHN C. CHEESEMAN, M.D., Surgeon to the New-York City Hospital.

RICHARD K. HOFFMAD, M.D., Surgeon to the Marine Hospital, N. Y., and late Surgeon in the U. S. N.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology in the Geneva Medical College, N. Y.

New York, February, 13, 1837.

Physicians are respectfully requested to make trial of the Elixir in their practice; its superiority over every other form of opiate will exhibit itself to their entire satisfaction. Druggists and Physicians can be supplied by addressing their orders to A. B. & D. Sands, 79 Fulton street, New York; or in Boston to Wm. Brown, 481 Washington street; Smith & Fowle, 138 Washington street; Brewster, Stevens & Cushing, or Reed, Wing & Cutler. In Providence, to J. Balch, Jr. In Hartford, to E. W. Bull. In New Haven, to D. Smith & Co. In Albany, N. Y., to H. Rawles & Co. In Philadelphia, to Charles Ellis & Co., 56 Chesnut street. In Baltimore, to G. K. Tyler. In Charleston, to Haviland, Harrall & Allen. In New Orleans, to Sickles & Co. Or to any of the wholesale Druggists in New York, Boston, or Philadelphia.

N. B.—Be particular to order M'MUNN'S Elixir of Opium, as there are base imitations in existence.

## Register of the Weather.

REGISTER OF THE WEATHER,  
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Dec.	THERM.		BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sub C.	Sub F.	Sub C.	Sub F.	Sub F.			
1 Wed.	21.36	32	29.73	29.70	29.69	SW	Fair	
2 Thur.	33.41	40	29.70	29.71	29.74	SW	Fair	
3 Frid.	34.39	40	29.72	29.56	29.47	NE	Rain	.14 inch of rain.
4 Satur.	48.46	44	28.78	29.58	28.58	SW	Fair	.91 inch rain in the morning—snow squalls.
5 Sun.	34.34	36	28.58	29.55	28.54	SW	Fair	
6 Mon.	34.34	30	28.80	29.90	29.97	NW	Fair	
7 Tues.	25.34	32	29.25	29.35	29.39	NW	Fair	Beautiful sunset—halo around the moon.
8 Wed.	21.36	35	29.54	29.52	29.50	SW	Fair	
9 Thur.	38.45	44	29.34	29.28	29.28	SW	Cloudy	.75 inch of rain.
10 Frid.	38.46	44	29.35	29.30	29.24	NE	Cloudy	
11 Satur.	44.46	44	28.90	28.87	28.90	Nb E	Rain	.02 inch of rain.
12 Sun.	34.44	41	29.10	29.20	29.31	NW	Fair	
13 Mon.	29.38	36	29.54	29.55	29.54	SE	Fair	
14 Tues.	35.43	48	29.36	29.18	29.16	SE	Rain	.57 inch of rain.
15 Wed.	40.47	46	29.36	29.40	29.39	NW	Cloudy	.02 inch of rain.
16 Thur.	40.40	40	29.42	29.38	29.34	NE	Cloudy	No frost in the ground—farmers ploughing.
17 Frid.	26.24	25	29.63	28.86	28.79	NE	Snow	Fall of snow 2 inches.
18 Satur.	18.18	17	28.65	28.75	28.80	NW	Cloudy	
19 Sun.	12.23	24	29.20	29.29	29.30	SW	Cloudy	
20 Mon.	23.26	26	29.44	29.43	29.44	SW	Fair	
21 Tues.	19.19	17	29.54	29.60	29.65	NW	Fair	Fall of snow 2 inches.
22 Wed.	4.18	18	30.00	30.66	30.68	NW	Fair	Harom. 30.12 in the evening.
23 Thur.	10.22	20	30.05	30.00	29.93	NE	Cloudy	Harom. 30.11 in the morning.
24 Frid.	46.35	32	29.19	29.25	29.34	NW	Fair	High wind and rain in the night. .98 inch.
25 Satur.	28.29	26	29.46	29.47	29.48	NW	Cloudy	halo around the moon.
26 Sun.	10.24	24	29.54	29.56	29.57	NW	Fair	
27 Mon.	17.28	26	29.62	29.63	29.63	NE	Cloudy	
28 Tues.	28.32	35	29.63	29.57	29.55	SW	Cloudy	Beautiful sunset.
29 Wed.	29.34	32	29.67	29.73	29.75	NW	Fair	halo around the moon.
30 Thur.	28.34	32	29.77	29.60	29.55	SE	Cloudy	Snow commenced at 2 P. M. Snow 2 inch.
31 Frid.	29.38	36	29.38	29.27	29.24	SW	Fair	Beautiful sunset.

The month of December has been mild, open and pleasant. Little snow has fallen: there has been little or no sleighing. The range of the barometer has been great, and the changes sudden: highest 30.12; lowest, 28.54. Thermometer has ranged from 4 to 48. Rain, 4.77 inches; snow, 6 inches.

## MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by	- - - - -	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	- - - - -	WILLIAM SWEETSER, M.D.
Obstetrics, by	- - - - -	EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by	- - - - -	PARKER CLEVELAND, M.D.

The Library contains about 3600 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1841.

D. 8—cop6t

PARKER CLEVELAND, Secretary.

## CASTLETON MEDICAL COLLEGE.

The annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by	JAMES MCCLINTOCK, M.D.
Materia Medica, Therapeutics and Obstetrics, by	JOSEPH PERKINS, M.D.
Principles and Practice of Surgery, by	FRANK H. HAMILTON, M.D.
Theory and Practice of Medicine, by	DAVID M. REESE, M.D.
Physiology, General Pathology, and Operative Obstetrics, by	CHAUNCEY L. MITCHELL, M.D.
Chemistry and Pharmacy, by	WILLIAM MATHER, M.D.
Ophthalmic Anatomy and Surgery, by	WILLIAM C. WALLACE, M.D.
Medical Jurisprudence, by	WILLIAM P. RUSSELL, M.D.
Demonstrator of Anatomy, by	EGBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.